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PTO/SB/21 (01-08)

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FORM**

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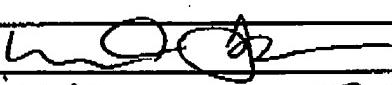
Application Number	10/719,344
Filing Date	11-21-2003
First Named Inventor	TAYLOR
Art Unit	3714
Examiner Name	ERIC THOMAS
Attorney Docket Number	

## ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
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<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> <small>Reply to Missing Parts under 37 CFR 1.52 or 1.53</small>		

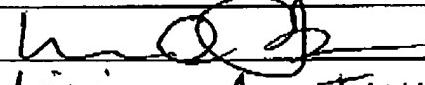
**Remarks**  
*Fee paid in response to  
 Office communication mailed on  
 7-10-2008 and attached.*

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name			
Signature			
Printed name	WILLIAM A. TAYLOR		
Date	7-16-2008	Reg. No.	

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	William A. TAYLOR	Date	7-16-2008

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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e 07/10/2008

VISTA GAMING CORP.  
1326 ASPEN DRIVE  
EVERGREEN, CO 80439

**Paper No.**

Application No.:	10/719,344 	Date Mailed:	07/10/2008
First Named Inventor:	Taylor, William, A.	Examiner:	THOMAS, ERIC M
Attorney Docket No.:	3290-11	Art Unit:	3714
Confirmation No.:	3317	Filing Date:	11/21/2003

**Please find attached an Office communication concerning this application or proceeding.**

**Commissioner for Patents**

PTO-90c (Rev.08-06)

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NOTICE REQUIRING EXCESS CLAIMS FEES	Application No.	Applicant(s)
	10/719,344	TAYLOR, WILLIAM A.
	Art Unit 3700	

The excess claim(s) filed on 30 June, 2008 is not accompanied by the appropriate payment of excess claims fees set forth in 37 CFR 1.16(h)-(j) or 1.492(d)-(f). Excess claims fees are required for each claim in independent form in excess of three ( $\frac{1}{3}$  1.16(h)), each claim (whether dependent or independent) in excess of twenty (note that § 1.75(c) indicates how multiple dependent claims are considered for fee calculation purposes) ( $\frac{1}{3}$  1.16(i)), and each application that contains a multiple dependent claim ( $\frac{1}{3}$  1.16(j)).

Since the application is not under a final rejection, applicant is given a time period of **ONE (1) MONTH OR THIRTY (30) DAYS** from the mailing date of this notice, whichever is longer, to submit either: (1) the fee payment of \$ 25.00, or (2) an amendment in compliance with 37 CFR 1.121 that cancels the excess claim(s), in order to avoid ABANDONMENT. Extensions of this time period may be granted under 37 CFR 1.136, unless the excess claim(s) was presented in a preliminary amendment.

- 1. The funds in Deposit Account No. are insufficient to cover the entire fee due. The balance is due within the time period set forth in this notice. See note below regarding the appropriate service charge.
- 2. The Credit Card payment to cover the entire fee due to Account (Card type + last 4 digits ONLY) was refused. The balance is due within the time period set forth in this notice. See note below regarding the appropriate service charge.
- 3. The amendment that includes the excess claim(s) has not been entered, since applicant has failed to remit (or authorize charge to a Deposit Account or Credit Card) the fee as indicated on the attached Patent Application Fee Determination Record (PTO/SB/06). Remittance or authorization is due within the time period set forth in this notice.
- 4. The fee submitted in this application is insufficient. A balance of \$ 25.00 is due for presentation of excess claims (37 CFR 1.16(h)-(j) or 1.492(d)-(f)).
- 5. Other.

Explanation (Provide specific details of the required correction in order to assist the applicant. Indicate whether a service charge has been added to the fee due): A banance of \$25.00 was due for the After-final Amdt 06/09/2008 so in place a RCEX was filed 06/30/2008 and a balance of \$25.00 is still due.

THE AMOUNT OF THE FEE(S) DUE IS SUBJECT TO CHANGE, GENERALLY ON OCTOBER 1 OF EACH YEAR (37 CFR 1.16, 1.21 & 1.492). THE AMOUNT OF THE FEE(S) DUE IS DETERMINED AS OF THE DATE A COMPLETE REPLY WITH THE APPROPRIATE FEE(S) IS RECEIVED BY THE OFFICE (37 CFR 1.8 & 1.10). BECAUSE THE AMOUNT DUE IS SUBJECT TO CHANGE, IT IS RECOMMENDED THAT APPLICANT CHECK THE CURRENT FEE SCHEDULE WHICH IS AVAILABLE ON THE USPTO'S WEBSITE AT: <http://www.uspto.gov/web/offices/ac/qs/ope/fees.htm>

Service Charges: There is a \$50 service charge for processing each payment refused (including a check returned "unpaid") or charged back by a financial institution (37 CFR 1.21(m)). There is a \$25.00 service charge for each month when the balance of a deposit account is below \$1000 at the end of the month (37 CFR 1.21(b)(2)).

Technical Support Staff (TSS): /TONI HAKIM/ Phone Number: (571)272-4353

Note to TSS: Please do NOT use this notice if the application is under a final rejection.